



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 1/6/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program 80-hours.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The claimant was injured on xx/xx/xx. Injuries from that injury include lumbar spine, cervical spine, and left wrist. The mechanism of injury was described as a slip. He fell backward. Initial evaluation and treatment occurred in the emergency room, where CT scans and x-rays were performed in regards to imaging. Per documentation, CT of the head on xx/xx/xx was normal. CT scan of the cervical spine was normal. MRI of the lumbar spine 07/15/2014, revealed minimal lower lumbar facet degeneration with no fracture or subluxation or disc herniations.

Further more physical exam by separate providers have revealed no neurologic deficits and no significant musculoskeletal findings. The claimant in regards to the treatment has been treated pharmaceutically and has gone through physical therapy. Of note, there were 2 episodes of loss of consciousness. These were not related to his current syndrome of pain.

He was seen by his primary physician who has recommended a work hardening program in this setting. The functional capacity evaluation revealed PDL of light with the job requiring PDL of heavy. Two reviews today; both deemed the claimant was not a candidate for the work hardening program. Most recent functional capacity evaluation was reviewed. The recommendations along with the assessments have revealed "The evaluatee had subjective complaints did not match with objective presentation, either due an exacerbation in the condition or potential lack of motivation due to their mental or emotional



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status." They may have shown steady and reliable improvements in their condition through the course of their treatment.

The conclusion as a result of the information gained from Waddell's testing. Another recommendation was that if the evaluatee is capable of return to gainful employment with restrictions; restrictions to be set by the screening doctors, as a result in this objective examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant is a young healthy male with no primary pain generator. Diagnostic studies including advanced imaging of the cervical and lumbar spine not revealed any acute findings. No fracture. No foraminal or central canal stenosis. No focal nerve root impingement. There was facet degeneration, however, this is most likely a result a of facet degeneration of lumbar spine. It does appear that he was seen by a pain management physician who does not recommend any types of block.

What must be stated again, there is some physical examination and the lack of objective data on advanced imaging. There still does not appear to be a primary pain generator for his diffuse symptoms. With this in mind, the functional capacity evaluation that has performed by licensed practitioner, revealing that the subjective complaints did match the objective presentation and this could be related to potential lack of motivation due to the mental and emotional status, corroborates with the lack of objective data and as such this is the reason the denial for a work hardening program is upheld. In short, functional capacity evaluation suggests there is lack of motivation and Waddell's testing per documentation was positive and secondary, there is no evidence of a primary pain generator on physical exam and advanced imaging due to the reasons, the prior reviews for denial were upheld.



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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)